

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires 07-31-2004

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

1. FILE NUMBER

2. PERIOD COVERED

MO DAY YEAR

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

506-961

From 01/01/2002

Through 12/31/2002

## IMPORTANT

ISAAC MONROE (2) 506-961  
HOTEL ENPL, RESTAURANT ENPL AFL-CIO 310  
LU 43

SUITE 201

1130 S WABASH AVE  
CHICAGO, IL 60605

12/2002



8. MAILING ADDRESS (Type or print in capital letters.)

First Name

Last Name

P.O. Box • Building and Room Number (if any)

Number and Street

City

State

ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?  
(If "No," provide address in Item 75.)

Yes ☒ No

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number

13

Disposed of old office equipment (paper folding machine) via trade in when new machine was purchased.

16

Isaac R. Monroe, Secretary-Treasurer of the Dining Car Employees Union Local 43, Chicago, IL is also an employee of the Hotel Employees & Restaurant Employees International Union located in Washington, DC.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:

03/25/03 (312) 427-4373

Date

Telephone Number

PRESIDENT  
(If other title,  
see instructions.)

77. SIGNED:

03/25/03 (312) 427-4373

Date

Telephone Number

TREASURER  
(If other title,  
see instructions.)

03-139-012/506961  
\* 5 0 6 9 6 1 \*

## During the Reporting Period Did Your Organization:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |                                     | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |                                     | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  |                                     | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |                                     | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |                                     | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |                                     | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 674
19. What is the date of your organization's next regular election of officers? MO 04 YEAR 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500 000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 44.00 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 100.00
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No ☒
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....		31150	17641
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5	15896	20440
	31. Other Assets.....	3		
	32. TOTAL ASSETS.....		47046	38081
LIABILITIES	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	58000	46000
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	14053	14531
	37. TOTAL LIABILITIES.....		72053	60531
	38. NET ASSETS (Item 32 less Item 37).....		(25007)	(22450)

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 506-961

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues .....			352259	56. To Officers .....	9		78133
40. Per Capita Tax .....				57. To Employees .....	10		0
41. Fees .....				58. Per Capita Tax .....			88528
42. Fines .....				59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....				60. Office & Administrative Expense ....	13		64276
44. Work Permits .....				61. Educational & Publicity Expense ...			0
45. Sale of Supplies .....				62. Professional Fees .....			21465
46. Interest .....				63. Benefits .....	11		23454
47. Dividends .....				64. Contributions, Gifts & Grants .....	12		1476
48. Rents .....				65. Supplies for Resale .....			0
49. Sale of Investments & Fixed Assets .....	6			66. Direct Taxes .....			23358
50. Loans Obtained .....	8			67. Withholding Taxes .....			26361
51. Repayments of Loans Made .....	1			68. Purchase of Investments & Fixed Assets .....	7		11352
52. On Behalf of Affiliates for Transmittal to Them .....				69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....				70. Repayment of Loans Obtained .....	8		12000
54. Other Receipts .....	14		981	71. To Affiliates of Funds Collected on Their Behalf .....			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements .....	15		16345
55. TOTAL RECEIPTS .....			353240	74. TOTAL DISBURSEMENTS .....			366748

FILE NUMBER: 506-961

**SCHEDULE 1 — LOANS RECEIVABLE**

- NONE -

Form LM-2 (Revised 2000)

# SCHEDULE 2 — INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES) — *NONE*

FILE NUMBER: *506-961*

SCHEDULE 3 — OTHER ASSETS — *NONE*

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	<i>0</i>
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	<i>0</i>
Enter the Total from Line 7 in _____ Item 31, Column (B)	

# SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. <i>PER CAPITA OWED</i>	<i>14,531</i>
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	<i>14531</i>
Enter the Total from Line 7 in _____ Item 36, Column (D)	

# **SCHEDULE 5 — FIXED ASSETS**

FILE NUMBER: 506-961

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment & COMPUTER Equipment	80,622	60,182	20,440	20,440
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	80,622	60,182	20,440	20,440
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# **SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS - NONE -**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in ..... Item 49				

FILE NUMBER: 506-961.

## SCHEDULE 8 — LOANS PAYABLE

Form LM-2 (Revised 2000)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506-961

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. BOYD DONALD Title GEN CHAIRMAN Status C		2331	0	0	0	2331
2. BATEMAN DWAYNE Title VICE GEN CHAIRMAN Status C		8790	0	730	0	9520
3. JENKINS SAMUEL Title PRESIDENT Status C		4550	0	0	0	4550
4. OLIVER DONNA Title VICE PRESIDENT Status C		0	0	150	0	150
5. MONROE ISAAC Title SECRETARY-TREAS Status C		56915	0	7281	0	64196
6. WILLIAMS REGGIE Title REPRESENTATIVE Status C		5713	0	195	0	5908
7. HARRIS ROGER Title REPRESENTATIVE Status C		5925	0	157	0	6082
8. Totals from additional pages (if any)		10,602	0	1,155	0	11,757
9. Totals of Lines 1 through 8		94,826	0	9,668	0	104,494
				10. Less Deductions		26361
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements		78133

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

- NONE -

FILE NUMBER: 506-961

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name  Position  Name of Affiliated Organization					
2. Last Name First Name  Position  Name of Affiliated Organization					
3. Last Name First Name  Position  Name of Affiliated Organization					
4. Last Name First Name  Position  Name of Affiliated Organization					
5. Last Name First Name  Position  Name of Affiliated Organization					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7					
9. Less Deductions					
Enter the Total from Line 10 in ..... Item 57 ➡			10. Net Disbursements <input type="text"/>		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 506 - 96 /

Description (A)	To Whom Paid (B)	Amount (C)
1. Health & Welfare	United Health Care & Met Life	22,704
2. Death Benefits	Deceased members' beneficiaries	750
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		23454
Enter the Total from Line 6 .....		↑ Item 63


## **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Gifts, Donations, Flowers	1,626
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1626
Enter the Total from Line 8 in ..... ↑ Item 64	


## **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Rent & Electric	14,754
2. Telephone	32,449
3. Office Supplies & Expenses	7,855
4. Insurance	155
5. Repairs & Maintenance	5,714
6. Computer Expenses & Postage	3,349
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	64276
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Reimbs, Refunds, Voided Checks	731
2. Burial Benefits	250
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	981
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Bank Charges	857
2. Transportation Exps & Parking	10,990
3. Dues Refunded	722
4. MEETINGS & Conferences	3,776
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	16345
Enter the Total from Line 17 in .....  Item 73	

ORGANIZATION NAME: HOTEL Empl Rest. Empl AFL-CIO LU43  
 ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 506-961

PAGE 1 OF 1 ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name <u>ANDREWS</u> First Name <u>ZACHARY</u>		<u>5540</u>	<u>0</u>	<u>531</u>	<u>0</u>	<u>6071</u>
Title <u>REPRESENTATIVE</u> Status <u>C</u>						
Last Name <u>MIMS</u> First Name <u>TYREE</u>		<u>5062</u>	<u>0</u>	<u>474</u>	<u>0</u>	<u>5536</u>
Title <u>REPRESENTATIVE</u> Status <u>C</u>						
Last Name <u>ALLEN</u> First Name <u>HIAWATH</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name <u>SHELTON</u> First Name <u>STEPHEN</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name <u>VARGAS</u> First Name <u>RUTH</u>		<u>0</u>	<u>0</u>	<u>50</u>	<u>0</u>	<u>50</u>
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name <u>MACKAY</u> First Name <u>RAYMOND</u>		<u>0</u>	<u>0</u>	<u>100</u>	<u>0</u>	<u>100</u>
Title <u>TRUSTEE</u> Status <u>C</u>						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals		<u>10,602</u>	<u>0</u>	<u>1,155</u>	<u>0</u>	<u>11,757</u>

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 506-961

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Last Name First Name						
Title Status						
Totals						